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**FACSIMILE COVER LETTER**

**To:** Commissioner for Patents  
Examiner David L. Holt

**Firm:** U.S. Patent and Trademark Office  
Art Unit 2609

**Facsimile:** (571) 273-8300

**From:** Thomas F. Presson

**Date:** November 14, 2007

**Re:** FLH Ref No.: 450104-04424  
Serial No.: 10/506,848

**Number of Pages:** 14  
(including cover page)

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00499321

PATENT  
450104-04424IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Miyuki Okada et al.  
 Serial No. : 10/506,848  
 Filed : September 3, 2004  
 For : IMAGE PICK-UP DEVICE AND CHROMATIC  
 ABERRATION CORRECTION METHOD  
 Examiner : Holt, David, L.  
 Art Unit : 2609  
 Confirmation No. : 4663

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745 Fifth Avenue  
 New York, NY 10151  
 Tel: 212-588-0800

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	8	Minus	** = 20	* 0 x	\$50 (25)	- \$ 0
Independent claims	2	Minus	*** = 3	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
 \*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
 \*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

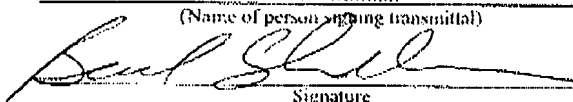
- ☐ This application contains a multiple dependent claim. The required fee of \$300 (150) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the \_\_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_\_ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$ \_\_\_\_ is attached, which covers the cost of ☐ additional claims ☐ petition for extension of time.
- ☐ Charge \$ \_\_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

CERTIFICATE OF FACSIMILE

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Barnet Shindelman

(Name of person signing transmittal)



Signature

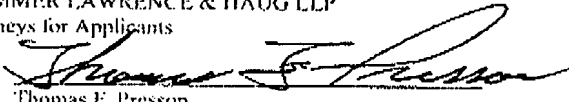
November 14, 2007

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
 Attorneys for Applicants

By:

  
 Thomas F. Presson  
 Reg. No. 41,442

U.S. Application No. 10/506,848  
Reply to Non-Final Office Action mailed on August 14, 2007

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PATENT  
450104-04424

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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(Name of person signing transmittal)  
Barnet Shindelman  
Signature

November 14, 2007  
Date of Signature

**AMENDMENT UNDER 37 C.F.R. §1.121**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Non-Final Office Action mailed on August 14, 2007, having a  
three-month period for response set to expire on November 14, 2007, please amend the above-  
identified applications as follows.

Frommer Lawrence & Haug LLP  
745 Fifth Avenue  
New York, NY 10151  
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00498717

U.S. Application No. 10/506,848  
Reply to Non-Final Office Action mailed on August 14, 2007

PATENT  
450104-04424

**Amendments to the Specification** begin on page 3 of this paper.

**Amendments to the Claims** are reflected in the Listing of Claims which begins  
on page 4 of this paper.

**Remarks/Arguments** begin on page 9 of this paper.

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